**Application for Well Contractor**

**Certificate of Competency**

**Lee County Department of Community Development, Attention: Contractor Licensing**

**P.O. Box 398, Fort** **Myers, Florida 33902**

**Phone 239-533-8895**

**I.** Applicant’s Name:

Business Name:­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificate Category Requested:

Home Address

 Street City State Zip

Billing Address Street City State Zip

E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: ( )

Work Phone: ( )

**II. Exam Verification:**

Attach proof that you have taken and passed the appropriate exam. The written and field exam will be administered by Lee County staff. The written exam must be taken within thirty (30) days of this application being submitted. If the written exam is not taken within thirty (30) days of this application being submitted, the application and its attachments will be null and void.

**III. Experience Verification:**

Attach three (3) original documents verifying that you have the necessary **two (2)** years of experience in the area covered by the certificate of competency you are seeking. These documents should be on forms provided by the Department and completed by past or present employers licensed and actively engaged in the construction services field.

**IV. Photographic Identification:**

 Attach to this application a copy of your driver’s license or other official state identification that contains a photograph.

**V. Application Review:**

Your application should be complete at the time it is submitted to the Contractor Licensing Office. Failure to submit a complete application may delay review or result in a denial of your application.

**VI. Certification:**

 I hereby certify that all of the information in this application is true and correct to the best of my knowledge. As a basis for the grant of licensure, I agree to comply with all codes, laws and regulations applicable to my trade and I will not undertake any work that is outside the scope of the license I have been granted. I understand that any misrepresentation with respect to the information provided in this application, or future submissions applicable to retaining any licensing granted to me, may be grounds for the denial or revocation of my Lee County Certificate of Competency.

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 Applicant’s Signature

Under penalties of perjury, I declare that I have read the forgoing document and that the facts stated in it are true.

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Applicant’s Signature Date